

## Not "Everyone's Problem"

J.C. Lester

**W**hy is the government spreading AIDS and lying about it being "everyone's problem"? AIDS is certainly not "everyone's problem", and so far as it looks, it never will be. AIDS is very hard to catch by vaginal, heterosexual intercourse. Sexual infection with AIDS normally requires that the body fluids of a carrier enter some abrasion or cut in the partner. This very rarely occurs with vaginal intercourse (the vagina and penis being sturdier than the rectum and anus). Infected-blood transfusions on the NHS, and heroin users sharing hypodermic needles because the state bans their sale, have been two other major routes for the virus (though all blood donations are now tested). There is also some risk from oral sex. The statistics, largely gleaned from *The Independent* (12/1/87) and *Newsweek* (19/1/87), bear this out. Both are good examples of the media toeing the government line and thereby ignoring or misinterpreting their own evidence.

### Who Gets AIDS?

The AIDS virus is rife in Africa. In Uganda, as many as one in ten are infected, according to *The Independent*. Men and women have it about in equal numbers. But Africa has differences that make it highly unlikely that Europe could reach the same state. The Africans have mostly spread the disease by open sores on their genitalia due to untreated venereal disease. These diseases are between 10 and 100 times more common in Africa. They have other diseases that weaken their immune systems. Insanitary medical treatment, especially dirty needles, also seems to be the cause of infection. That buggery is not the main cause of infection in Africa now seems likely, for there is relatively little anal syphilis and gonorrhoea compared with the genital cases (though buggery of both sexes is quite popular among Africans according to a Kenyan I once knew).

In the US and France the number of heterosexual victims is creeping up (25% in France says *Newsweek*) but the bulk of these seem to be either immigrants (French-speaking Africans in the French case) who have come for superior medical treatment, or hypodermic needle users (these state-caused cases actually outnumber the anal-sex cases in Italy and Scotland). Of the 30,000-odd US deaths, 500 (one sixtieth) were native Americans who got it via heterosexual intercourse, and less than a hundred were men. Heterosexual intercourse, logically, ought to include the highly risky anal intercourse with a woman, but they omit to explain this crucial point. This could be AIDS spreading to heterosexuals slowly via women who have had promiscuous bisexual partners. But this trend would probably level off due mainly to the relative safety of vaginal, heterosexual intercourse. The gay capital, San Francisco, will probably remain the AIDS capital that it has now also become.

Figures collected by the New York City health department, cited in *The Spectator* 14/2/87, flatly contradict that journal's moralistic, self-righteous doom mongering:

*"Whereas the number of new cases doubled in 1983, it only went up 20% in 1986, meaning that the curve is getting flatter, not steeper. Only 3% of the current patients, broadly classified as heterosexuals, do not belong to the high-risk groups. The health department says it believes most of this 3% fraction actually belong to high-risk groups but deny it. Of the remaining handful, two-thirds are black and Hispanic heterosexuals who live in ghetto areas where intravenous drug use is rife."*

In the UK, there are only four people known to have the AIDS virus (but not the disease) as a result of heterosexual (vaginal?) sex, and two of these are female prostitutes. Generally, AIDS is very rare even among prostitutes, and it would be rarer still except that some do allow anal sex without a condom. More significantly perhaps, prostitutes are also often intravenous heroin users driven to share scarce needles. Only

about 50 heterosexuals have come up positive in the AIDS virus test in the UK. These are mostly partners of high-risk victims: haemophiliacs, drug users and bisexuals. But there are 3,877 gays that are positive, though promiscuous gays constitute a very small percentage of the population. Of the 610 people in Britain who have the actual disease, at least 538 of them are admitted homosexuals or bisexuals.

It looks even safer for heterosexual men than for heterosexual women. A heterosexual man will not be buggered while the woman might be and the vagina might be a good environment in which the disease can get a hold: for one thing, open blood vessels can occur during menstruation. Unless one has an open sore on one's penis, it is very hard to catch AIDS as the active partner when having intercourse with the infectious carrier. In a study in the States of persistent intercourse without condoms with an AIDS carrying spouse, 16% of wives have eventually caught it from their infected husbands, and a mere 5% of husbands have caught it from their infected wives. Nobody caught it when condoms were worn.

So, in the UK you can still get AIDS from sharing the hypodermic needles that are state-restricted, but usually one has to bend over forwards in order to catch the disease. One also needs to bend over regularly, indiscriminately, and without one's partners wearing condoms. Not so much a "gay plague", then, as a "promiscuous, passive, anal-intercourse plague".

### **Why the Big Lie?**

Why is this lie that 'AIDS is everyone's problem' being spread at great public expense?

The "moral" right are on the offensive. AIDS is the punishment for all the wicked activities they despise: not just homosexuality, but promiscuity as such, and drug taking. The "moral" left are on the defensive. They want to defend homosexuals from persecution, having latched onto them as one of their pet minorities. Many gays may be happy to accept this defence. But, this ploy looks designed to backfire: people can see that gays have the disease and that heterosexuals,

by-and-large, do not; it might lead them to shun the "dangerous" homosexuals who spread this "universal" plague.

Then there are the doom mongers who revel in the fact that they have discovered yet another way in which the world is certain to end along with a nuclear winter, or is it a scorching summer? or is it aerosol cans? or is it too few trees? or is it too many people? ... or are these merely doom mongers?

The main problem is the politicians who so desperately want to be seen to be useful. They would be blamed by the "moral" alliance, doom mongers and the opposition for whatever follows unless they "do something" about this "crisis".

Why don't the government advertisements give us the less than volcanic statistics? Because then we would all clearly see it is more dangerous in this part of the world to cross the road than to engage in promiscuous-condomless-vaginal intercourse. Some such comparison is always useful to put such problems into perspective. Young people are quite rightly ignoring this AIDS scare, as they so sensibly ignored the nonsense about heroin being so dangerous. They have first-hand experience that no promiscuous heterosexuals are catching the disease.

Unfortunately, when the government gets to hear about this, they are simply going to use it as an excuse to spend more of other people's money on their big lie.

People can come to believe big lies if they shun the evidence - and even if they don't, apparently: *The Independent* had plenty of evidence but it sandwiched the truth between the ridiculous title "Heterosexuals face slow march of AIDS", and the conclusion that 'it is now everybody's problem'. Perhaps they believe that they will lose popularity if they consistently contradict the big lie. *Newsweek* certainly seems to have this attitude; it took four reporters to say absolutely nothing about body fluids needing to enter the blood and why buggery is, therefore, particularly dangerous. Instead they clearly implied that any promiscuity spreads AIDS. Yet in the next article (on possible treatment) they dismissively mention James Curran, the

*The Libertarian Alliance is an independent, non-party group, with a shared desire to work for a free society.*

Director of the AIDS programme at the Centre for Disease Control (in Atlanta), for his view that gays and intravenous drug users are the real problem.

On the evidence so far it seems that AIDS is so easily avoided that it will probably level off in Europe and the States even if no cure is forthcoming (gays were changing their habits long before the misleading government advertisements). But there will probably still be enough of it about to ensure that the drug companies will feverishly seek a cure (without taxpayers subsidies). The same profit motive in the media will ensure that we are kept up to date on the topic, globally and locally. If a real and local risk to heterosexuals should arise then they would be the first to tell us. In the meantime, it can do no good for the government to cry wolf, ration hypodermic needles and throw our money around (only 20 million so far, but with another 15 million here and 25 million there pretty soon we are talking about real money). It will buy politicians some votes but it will do us no good. These nasty little vote grubbers cannot accept the, so often appropriate, advice: Don't just do something - sit there!

**Free Life**